

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. "Protected health information" is information about you, including demographic information, that does or may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and/or disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice of Privacy Practices also describes your rights with respect to protected health information and a brief description of how you may exercise those rights. Additionally this Notice describes how Albany County is required by law to maintain the privacy of protected health information and provide individuals with notice of its legal duties and privacy practices with respect to protected health information. In addition, the federal confidentiality law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, protects individuals who receive services from Albany County Alcohol & Substance Abuse Services (ACASAS). Generally this provides that the program may not disclose to a person or entity outside the program that a client attends the program, or disclose any information identifying a client as a substance abuser. Under New York State law, HIV related information can only be given to persons or entities allowed to have it by law or allowed to have it by a release that you have signed.

CHANGES TO THIS NOTICE

We will abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all protected health information that we maintain. In the event that this Notice is revised we will:

- Post the new Notice in our waiting area;
- Have copies available upon request; and
- Post the new Notice on our website (www.albanycounty.com).

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We use and disclose health care information about consumers every -day. This section of our Notice explains in some detail how we may use and disclose health care information about you in order to provide health care, obtain payment for that health care and operate our

business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health care information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, you may contact our Privacy Officer at (518) 447-4697.

Treatment: We may use your protected health information to provide, coordinate and manage your treatment or services. We may disclose your protected health information to other doctors, nurses, technicians, or other personnel who are involved in your care. For example, we may disclose your health information to another physician or specialist who needs the information to diagnose and treat you. ACASAS can disclose information to another health care provider to provide treatment to you so long as there is a business associate agreement in place.

Payment: We may use or disclose your protected health information as needed to obtain or provide reimbursement for the provision of health care. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, medical necessity, appropriateness of care, or justification of charges; to arrange for payment such as preparing bills and managing accounts; and related health care data processing. ACASAS must obtain written consent from you before it can disclose information to your health insurer in order to be paid for services.

Health Care Operations: We may use and/or disclose, as needed, your protected health information in order to support the business activities of this health care organization. For example, members of the treatment team(s) and quality improvement staff may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. As part of our health care operations, it may also become necessary for us to use and disclose your health information in connection with the health care operations of another company that has a relationship with you, such as an HMO.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include quality assurance, accounting, transcription and legal services and other services that are performed on our behalf requiring disclosure of your protected health information. To protect your health information, however, we require the business associate to appropriately safeguard your information through a written contract.

Between Departments of Albany County: Information may be used and/or disclosed between the departments of Albany County as permitted by the federal Privacy Rule and confidentiality law.

Individuals Involved in Your Care: Unless you object we may disclose protected health information about you to a family member or close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. *ACASAS is prohibited by federal confidentiality laws from disclosing protected health information to individuals involved in your care.*

Facility Directories: *For the Albany County Residential Facilities only.* We may use and/or disclose in our facility directory your name, the location at which you are receiving care; your condition described in general terms that do not communicate specific medical information about you, and your religious affiliation. This information about you will be disclosed to members of the clergy and/or, except for religious affiliation, to people who ask for you by name.

Emergencies: We may use and/or disclose your protected health information in an emergency treatment situation. If there is such an emergency situation and your opportunity to agree or object cannot practicably be provided, Albany County may use or disclose some or all of your protected health information.

Appointment Reminders: With the exception of ACASAS and the Crime Victim and Sexual Violence Center, we may use and/or disclose medical information about you to remind you about an appointment. Reminders may consist of postcards, telephone calls, answering machine messages and messages left with the individual who answers the phone.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

Required by Law: We may use or disclose medical information about you when we are required by law or in response to a valid subpoena. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report to the proper authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, known or suspected child abuse or neglect or the possible victim of other crimes.

National Priority: The government has determined that under certain circumstances it is so important to disclose medical information that it is acceptable to disclose the information without the individual's permission. These circumstances include but are not limited to:

- Correctional institutions; *
- Public health activities; *
- Victims of abuse, neglect;
- Domestic violence; *
- Health oversight activities; *
- Legal proceedings; *
- By court order;
- Law enforcement purposes; *
- Coroners and funeral directors; *
- Organ donation; *
- Research purposes;
- Serious threat to health or safety; *
- To report a crime committed on the premises or against Albany County personnel;
- Specialized government functions; *
- Workers compensation. *

*Marked examples do not apply to ACASAS. Federal confidentiality laws prohibit ACASAS from making such disclosures.

AUTHORIZATION

Other than the uses and disclosures described above, we will not use or disclose health care information about you without the "authorization" or signed permission from you or your personal representative. In some instances, we may wish to use or disclose health care information about you and we may contact you to ask you to sign an authorization form. In other instances you may contact us to ask us to disclose health care information and we will ask you to sign an authorization form.

You can revoke an authorization at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization, or if the authorization was obtained as a condition of insurance coverage. If you wish to exercise your right to revoke a use and/or disclosure you previously authorized then please notify the Privacy Officer in writing.

YOUR RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU

The following is a statement of your rights with respect to your protected health information. If you would like to know more about your rights, please contact our Privacy Officer at:

Albany County Department of Health
175 Green Street
Albany, New York 12202
(518) 447-4697

Right to a copy of this Notice:

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice may be posted in our waiting area.

Right of access to inspect and copy:

You have the right to request to inspect and to receive a copy of health care information about you. If you would like to inspect or receive a copy of health care information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form. Access Request Forms are available from our staff. Our agency must act on this request no later than 30 days after receipt of the request. Under §33.16 of the New York State Mental Hygiene Law, you also have a right to inspect and copy your own protected health information maintained by ACASAS, except in limited circumstances.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the information, we will charge you a fee to cover the costs of the copy. Contact our Privacy Officer for more information on these services and any possible additional fees.

Right to have health care information amended:

In certain circumstances you have the right to request to have us amend health care information about you that you believe is inaccurate or incomplete. We require that you make this request in writing, and that you tell us why you believe that we should amend your information. We may deny your request and if this occurs, you will be notified of the reason for the denial. A form to request amendment of protected health information is available at the department.

Right to an accounting of disclosures we have made:

You have a right to receive an accounting of those disclosures we have made for the previous six (6) years. The right to receive this information is subject to certain exceptions, restrictions and limitations. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described above. It excludes disclosures we may have made about you for a facility directory, to family members or friends involved in your care, or for notification purposes. This right does not apply to disclosures made for national security or intelligence purposes and those made to correctional institutions or law enforcement officials. Also you may not request information that was disclosed before April 14, 2003. A form to request an accounting of disclosures is available at the department. If an accounting is requested more than once every twelve (12) months, we will charge you a fee to cover the cost of preparing the accounting.

Right to request restrictions on uses and disclosures:

You have a right to request a restriction on how your protected health information is used and/or disclosed for treatment, payment and health care operations. Albany County is not required to agree to a requested restriction but in the event that the restriction is agreed to, Albany County may not use or disclose protected health information unless you are in need of emergency treatment and this information is needed to provide that emergency treatment. You may cancel a restriction at any time. We may cancel the restriction as long as we inform you, except that this termination is only effective to protected health information created or received after you have been informed. All requests must be made in writing. Restriction request forms are available at the department.

Right to request an alternative method of contact:

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request Form. Alternative Contact Request Forms are available at the department.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. You will not be retaliated against for filing a complaint or assisting in an investigation.

If you wish to file a complaint with Albany County you may do so in writing only to:

Privacy Officer
Albany County Department of Health
175 Green Street
Albany, New York 12202
(518) 447-4697

You may also complain to the Office for Civil Rights of Health and Human Services. For additional information please contact the Privacy Officer at the Department of Health.



ALBANY COUNTY NOTICE OF PRIVACY PRACTICES

**This Notice describes how
medical information about you
may be used and disclosed and
how you can get access
to this information.
Please review it carefully.**

Effective Date: August 1, 2003

**If at any time you have questions
about this Notice please contact:**

Privacy Officer
Albany County Department of Health
175 Green Street
Albany, New York 12202
(518) 447-4697